



County: CLAY

Club: \_\_\_\_\_

Family Last Name: \_\_\_\_\_  
(this name will be used on mailing labels)

Family Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Please return this form to:

Moorhead Regional Extension Office  
715 11 St N, Suite 107C  
Moorhead, MN 56560

**Member Information** \* indicates required fields

* First Name			* Middle Name		
* Last Name			Email		
* Mailing Address			* City		
* State			* Zip Code		
* Birth Date			* Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
* Primary Phone			Member Cell Phone		
I wish to receive notices via text message	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provider		

**Parent / Guardian 1** \* indicates required fields

* First Name			* Last Name		
Cell Phone			Work Phone		

**Parent / Guardian 2**

First Name			Last Name		
Cell Phone			Work Phone		
Home Phone					

**Second Household**

Send Correspondence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family Name		
First Names			Primary Phone		
Address			City		
State			Zip Code		
Email					

**Enrollment** \* indicates required fields

* Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and race)				
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander			
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian			
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State			
* Residence	<input type="checkbox"/> Farm (rural area where ag. products are sold)		<input type="checkbox"/> Suburb of city more than 50,000		
	<input type="checkbox"/> Town under 10,000 and rural non-farm		<input type="checkbox"/> Central city more than 50,000		
	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs				
Military	<input type="checkbox"/> I have a parent serving in the military		<input type="checkbox"/> I have a sibling serving in the military		
Branch / Component	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines	<input type="checkbox"/> Navy
	<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves		
* School Grade			* School Name		

## Authorization Statements

4-H Year: 2013-2014

County: CLAY

Member Name: \_\_\_\_\_



- **Code of Conduct.** We have read, accept, and will abide by the full University of Minnesota Extension 4-H Youth Development (Minnesota 4-H) **Code of Conduct for Youth AND Code of Conduct for Parents** including the introduction and the statements describing expected behavior. I understand that the expectations apply throughout Minnesota 4-H. I also understand that infractions of the Minnesota 4-H Code of Conduct will result in consequences and that these consequences apply throughout Minnesota 4-H. I will accept the consequences determined by University of Minnesota Extension 4-H Youth Development.

*NOTE: The Minnesota 4-H Code of Conduct was developed and approved for use August 8, 2013. This code is also available online at [www.4-H.umn.edu/policy](http://www.4-H.umn.edu/policy) or as a printed copy from the County Extension Office.*

- **Medical Authorization.** If an injury or illness develops during an activity or event, medical care will be provided and parent/guardian will be notified as soon as possible. We/ I authorize each of the following: (a) the health history and medical information I have provided is correct and the member has permission to engage in all program activities as noted. We/I understand that it is our responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which the member intends to participate; (b) if an injury or other medical condition occurs or arises, We/I grant permission for medical treatment to be obtained for the member and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary; c) We/I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes; and (d) We/I understand that we are financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit, beyond the amount covered by 4-H accident insurance.
- **Photo Release.** We/I give permission to Minnesota 4-H and its employees or representatives to take photographs, video, or audio footage of members and/or their property for use in any media format, now or hereafter known for future educational programs to help promote 4-H. We/I release to Minnesota 4-H all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration.

*NOTE: For information about opting out of the photo release, please contact your local Extension staff: [www.4-H.umn.edu/county](http://www.4-H.umn.edu/county)*

- **Privacy Statement.** The contact and health information requested on the Member Enrollment Form and Authorization Sheet is private. The information will be used as necessary to assist the member in the event of an emergency, to help ensure safe participation by the member in 4-H programs, and to provide information to the member about 4-H programs. You are not legally required to provide any of the requested information. You may not be allowed to participate, though, in 4-H or in specific programs if you fail to provide the requested information. Information will be shared within 4-H and the University of Minnesota for the uses described above and may be released to outside organizations and government bodies in limited circumstances, as authorized by state or federal law.

*NOTE: Minnesota 4-H policy limits information posted online to the following: first name, last name, school grade, club, county and point of participation (event title, placing, awards, etc.)*

- **Waiver and Release.** Furthermore, We/I agree that all activities and use of all facilities relating to participation in 4-H activities shall be undertaken at the sole risk of the member/family and that the Board of Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of any 4-H program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in 4-H programs/events or the premises where the programs/events occur and we/I do hereby expressly forever release, discharge, and hold harmless the Board of Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of the 4-H program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the University of Minnesota, any 4-H program, their servants, agents, or employees. We/I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.

By signing below, the parent/guardian agrees to the each of the above statements on his or her own behalf and on behalf of the member; the member, if eighteen years or older, agrees, on his or her own behalf, to each of the above statements; the member, if under eighteen years old, agrees to abide by the Code of Conduct.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

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Member Name: \_\_\_\_\_

**Health Information** \* indicates required fields

\* Provide any health related information you feel others should know, in order to maximize this 4-H participant's safety and well-being:

\* Please list any allergies or reactions to drugs, foods or things in nature:

\* Does this member have any conditions requiring medication?

- ☐ No medications are needed by this member  
☐ Yes, and assistance is needed with medications  
☐ Yes, and this member is capable of self-administering medications

\* Medication details/explanation

\* Tetanus Immunization Current?

☐ No ☐ Yes ☐ Not sure

Date of last Tetanus shot (month/year). Leave blank if not current or unknown

\* Please list any other concerns, including dietary concerns or restrictions

**Emergency Contact Information (if Parent/Guardian cannot be reached)**

\* indicates required fields

\* Name

\* Primary (best to call) phone number:

Alternate phone number:

Additional alternate phone number:

\* Relationship to member:

\* Name

\* Primary (best to call) phone number:

Alternate phone number:

Additional alternate phone number:

\* Relationship to member:



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Member Name: \_\_\_\_\_

4-H is all about trying new things; you can find any project interest you may have. For project resources, contact your local Extension office at **218-299-5020** or visit [www.4-H.umn.edu/projects](http://www.4-H.umn.edu/projects)

### Cloverbud Enrollment: *(for youth in Kindergarten through Grades 2)*

- ☐ Cloverbuds: A Discovery 4-H Program

### Project Enrollment: *(for youth in Grades 3 and up)*

Place a checkmark next to the projects that you plan to explore this year. You must enroll in at least one project. You may be invited to attend events or workshops and receive notices based on projects you selected. You will be encouraged to complete a project record for each of the projects you select. Ask your club leader or Extension staff if you have questions.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aerospace                  | <input type="checkbox"/> Forest Resources               | <input type="checkbox"/> Poultry (& pigeons)                 |
| <input type="checkbox"/> Beef                       | <input type="checkbox"/> Fruit                          | <input type="checkbox"/> Quilting                            |
| <input type="checkbox"/> Bicycle                    | <input type="checkbox"/> Geology                        | <input type="checkbox"/> Rabbits                             |
| <input type="checkbox"/> Cat                        | <input type="checkbox"/> Geospatial                     | <input type="checkbox"/> Robotics                            |
| <input type="checkbox"/> Child & Family Development | <input type="checkbox"/> Goat – Dairy                   | <input type="checkbox"/> Safety                              |
| <input type="checkbox"/> Citizenship                | <input type="checkbox"/> Goat – Meat                    | <input type="checkbox"/> Self-determined                     |
| <input type="checkbox"/> Clothing & Textiles        | <input type="checkbox"/> Global Connections             | <input type="checkbox"/> Sheep                               |
| <input type="checkbox"/> Clowning                   | <input type="checkbox"/> Health                         | <input type="checkbox"/> Shooting Sports/Wildlife Management |
| <input type="checkbox"/> Computer                   | <input type="checkbox"/> Home Environment               | <input type="checkbox"/> Shop (wood &/or metal)              |
| <input type="checkbox"/> Consumer Education         | <input type="checkbox"/> Horse (includes Horse Science) | <input type="checkbox"/> Small Engines                       |
| <input type="checkbox"/> Crafts & Fine Arts         | <input type="checkbox"/> Horse Training                 | <input type="checkbox"/> Swine                               |
| <input type="checkbox"/> Crop Sciences              | <input type="checkbox"/> Horseless Horse                | <input type="checkbox"/> Tractor                             |
| <input type="checkbox"/> Dairy                      | <input type="checkbox"/> Indoor Gardening               | <input type="checkbox"/> Vegetable Gardening                 |
| <input type="checkbox"/> Dog                        | <input type="checkbox"/> Lawn & Landscape               | <input type="checkbox"/> Veterinary Science                  |
| <input type="checkbox"/> Electric                   | <input type="checkbox"/> Lama (llamas & alpacas)        | <input type="checkbox"/> Video                               |
| <input type="checkbox"/> Entomology                 | <input type="checkbox"/> Needle Arts                    | <input type="checkbox"/> Water & Wetlands                    |
| <input type="checkbox"/> Exploring Animals          | <input type="checkbox"/> Performing Arts                | <input type="checkbox"/> Wildlife Biology                    |
| <input type="checkbox"/> Exploring the Environment  | <input type="checkbox"/> Pets                           | <input type="checkbox"/> Youth Leadership                    |
| <input type="checkbox"/> Fishing Sports             | <input type="checkbox"/> Photography                    |  |
| <input type="checkbox"/> Flower Gardening           | <input type="checkbox"/> Plant & Soil Sciences          |  |
| <input type="checkbox"/> Food & Nutrition           | <input type="checkbox"/> Potatoes                       |  |

### Activity Interests: *(some activities may be grade dependent)*

Place a checkmark next to the activities you are interested in receiving more information about. Ask your club leader or Extension staff if you have questions.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 4-H Promotion                                | <input type="checkbox"/> Project Bowl (participant or volunteer)           | <input type="checkbox"/> Shooting Sports/Wildlife Management                           |
| <input type="checkbox"/> 4-H Resident Camp (gr. 3-8)                  | <input type="checkbox"/> Share the Fun (participant or volunteer)          | <input type="checkbox"/> Expressive & Communication Arts, Demonstrations               |
| <input type="checkbox"/> Camp Counselor                               | <input type="checkbox"/> Summer 4-H Programming (participant or volunteer) | <input type="checkbox"/> Family Consumer Science, Child Development                    |
| <input type="checkbox"/> Cloverbud Day Camps                          |  | <input type="checkbox"/> Personal Growth & Development, Club Projects, Self Determined |
| <input type="checkbox"/> Communication Arts Contest                   |  |  |
| <input type="checkbox"/> County Arts-In (gr. 6+)                      |  |  |
| <input type="checkbox"/> County Ambassador (gr. 8+)                   |  |  |
| <input type="checkbox"/> County Fair Volunteer                        |  |  |
| <input type="checkbox"/> County Federation Board                      |  |  |
| <input type="checkbox"/> Executive Board                              |  |  |
| <input type="checkbox"/> Extension Committee Youth                    |  |  |
| <input type="checkbox"/> Exploring Youth Leadership/Citizenship       |  |  |
| <input type="checkbox"/> Fair Office Assistance                       |  |  |
| <input type="checkbox"/> Lunch/Malt Stand Volunteer                   |  |  |
| <input type="checkbox"/> M4-HAVA (MN 4-H Adult Volunteer Association) |  |  |
| <input type="checkbox"/> Nurse/Doctor/EMT                             |  |  |
| <input type="checkbox"/> Photographer                                 |  |  |

#### Project Development Committees:

- ☐ Beef  
☐ Dairy  
☐ Goat  
☐ Rabbit  
☐ Poultry  
☐ Sheep  
☐ Swine  
☐ Cats/Dogs/Pets/Vet Science/Exploring Animals  
☐ Cloverbuds  
☐ Plant Sciences  
☐ Natural Resources

#### Judging Teams:

- ☐ Consumer Decisions  
☐ Dairy  
☐ General Livestock  
☐ Horse  
☐ Horse Hippology  
☐ Poultry  
☐ Rabbit